

Application Data Sheet

Application Information

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|-------------------------------------|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | PROCESS FOR THE PRODUCTION OF A MULTIDIRECTIONAL TEXTILE PREFORM AND PIECE OF COMPOSITE MATERIAL INCORPORATING SAID PREFORM |
| Attorney Docket Number:: | 0515-1066 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 3B |
| Total Drawing Sheets:: | 2 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| <hr/> | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent | No |
| Appl.?:: | |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: OLIVIER
Middle Name::
Family Name:: KERN
City of Residence:: MERIGNAC
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 83, AVENUE BON AIR

City of Mailing Address:: MERIGNAC
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33700

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: JEROME
Middle Name::
Family Name:: BERTRAND
City of Residence:: BORDEAUX
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 336, AVENUE DU MARECHAL DE LATTRE
DE TASSIGNY

City of Mailing Address:: BORDEAUX
State or Province of Mailing Address::

Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33200

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: LOIC
Middle Name::
Family Name:: ROUSSEAU
City of Residence:: ST AUBIN DE MEDOC
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: RESIDENCE LES PINS
"LES CATALANS"
City of Mailing Address:: ST AUBIN DE MEDOC
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33160

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: FRANCIS
Middle Name::
Family Name:: HAICAGUERRE
City of Residence:: ST MEDARD EN JALLES
State or Province of
Residence::
Country of Residence:: FRANCE

Street of Mailing Address:: 35, RUE FRANCOIS PEYCHAUD

City of Mailing Address:: ST MEDARD EN JALLES
State or Province of Mailing Address::

Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33160

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

| | |
|-------------------------|--------|
| Representative Customer | 000466 |
| Number:: | |

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|----------------------|-------------------------|-------------------------|
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| FRANCE | 02 10495 | 8/22/02 | Yes |
| | | | |

Assignment Information

Assignee Name::
Street of Mailing Address::

City of Mailing Address::
State or Province of Mailing Address::

Country of Mailing Address::
Postal or Zip Code of Mailing Address::